

DRAFT - Key Discussion Points for SICC  
Family Cost Participation/Rule  
July 8, 2005

- 1 **What constitutes income for purposes of family cost participation?**
  - a. Compensation for services, including fees, commissions, fringe benefits & similar items derived from business, gains from dealings in property, interest, rents, royalties, dividends, alimony maintenance payments, annuities, income from life insurance & endowment contracts, pensions and other sources.
  - b. **Gross Income from federal income tax forms**-allows consideration of revenue items not always easily identified on tax forms or not included on some tax forms. (*we could consider reductions of income in independent family costs even though a family files a 1040EZ (no deduction...or failed to claim certain deductions, or we allow deductions not found on certain tax forms)*)
  - c. **Adjusted gross income from federal income tax forms**-may not incorporate certain income and may allow sheltering of income.
- 2 **Who contributes to "family income"?**
  - a. Mother/father, grandma, grandpa, steps, ex-spouses, only biological parents, other individuals in the household (consider impact of multi-generational families under one roof)?
- 3 **What are the allowable deductions to income and for what time frame?** How do we document
  - a. Health & insurance premiums
  - b. Deductibles and co-payments
  - c. Dental and vision expenses
  - d. Durable medical equipment
  - e. Specialized clothing
  - f. Medical transportation
  - g. Payments to current and/or outstanding medical/dental debt (excluding cosmetic/elective)
  - h. Childcare and respite expenses not reimbursed by other sources (not to exceed \$500/mo)
  - i. Cost and fees associated with adoption (not to exceed \$5,000/year)
  - j. Dependent adult care expenses not reimbursed by other sources (not to exceed \$ ??/year)
- 4 **What do we require as verification documentation?**

**Income:**

  - a. Income tax forms
  - b. Payroll checks

**Adjustments to income (Medical/Other):**

  - a. Bills, statements, receipts
  - b. IRS claims for medical expense deductions
  - c. Doctor or hospital letters verifying outstanding balances and payments
  - d. Other
- 5 **How often do we verify income with family documentation?** Every time/ verify only a percentage of families at intake with full review annually?
- 6 **How often do we recalculate family participation?** Intake; Annual Review; As changes occur; Other?
- 7 **Review process** in the case a family disagrees with monthly fee. (informal process, who conducts, how does a family start the process?
- 8 **When do we tell a family they will no longer receive services.** Suspension of direct services. (delinquent after 30 days, notice at 60 days, 75 days and termination letter at 90 days)?
- 9 **Fee Schedule** (see attachment)
- 10 **Family Participation Agreement** (see attachment)
- 11 **Families enrolled in Medicaid having private insurance but do not allow access:** Place on fee schedule at lowest rate (\$5/mo) because private insurance must be accessed to access Medicaid?